01836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town ~~[illegible]~~ Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Muir Street # 303

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) ~~[illegible]~~ few minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Mardela Springs Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lulu Mae Adams

3. (b) Social Security Number none

4. Sex: female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 17 1940

8. AGE: Years | Months 1 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Melvin Adams

13. Birthplace Atlantic City N.J.

MOTHER

14. Maiden name Odessa Reed

15. Birthplace Lancaster S.C.

16. Informant Melvin Adams

Address Mardela Springs Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-19-40 (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location

18. Funeral director H M St Clair

Address Cambridge, Md

19. 2-19 1940 John Meace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17 1940, at 1:30 p.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 17 1940, to February 17 1940, and that I last saw her alive on February 17 1940.

Immediate cause of death: Bronchopneumonia Primary

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2-10-40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MSr M. D. or other

Address Cam & Cedar Sts Date signed 2-17-40

MARGIN RESERVED FOR BINDING B.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01837

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: 9 Dennis Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 9 Dennis Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Stillborn Baeland

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	Single

B (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) February 6th 1940

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day ✓ hrs. ✓ min.

9. Birthplace Cambridge, Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Roger Bryant

13. Birthplace Cambridge, Md.

MOTHER 14. Maiden name Wiona Baeland

15. Birthplace Cambridge, Md.

16. Informant Wiona Baeland

Address 9 Dennis Lane Camb. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 8th 1940 (month) (day) (year)

Cemetery or crematory Bethel Cem

Location Cambridge, Md.

18. Funeral director Louis H. Bayneum

Address Cambridge, Md.

19. 2-7 1940 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION Stillborn

20. DATE OF DEATH February 7 1940 at 7:P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all to — 19—; and that I last saw h— alive on not at all 19—

Immediate cause of death	DURATION
Stillborn (6 mos)	?
Due to (cause unknown)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Thomas Mace Jr. Local Registrar

M. D. or other

Address Cambridge, Md. Date signed 2-7-40

RECEIVED
MAR 5 1958
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

01838

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (WITHIN CORPORATE)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 100 Cemetery ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 100 Cemetery ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Charles E Bradley

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Kate P Christopher

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-7-1876

8. AGE: Years 63 Months 9 Days 15 If less than one day ___ hrs. ___ min.

9. Birthplace Talbot Co. Md (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oyster & Crabs

FATHER 12. Name Charles Bradley

13. Birthplace Md

MOTHER 14. Maiden name Mary E Burms

15. Birthplace Md

16. Informant Mrs Chas Bradley

Address Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/24/40 (month) (day) (year)

Cemetery or crematory East Neck Mkt

Location East Neck Mkt, Md.

18. Funeral director G S LaCompte

Address Cambridge, Md.

19. 2-24 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1940, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from # 19 ___, to # 19 ___, and that I last saw h # alive on # 19 ___.

Immediate cause of death Chronic Myocarditis

Due to Cardio Renal-Vascular Syndrome

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION 1 yr 1 yr

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jon K. Shriver, Dep. Med. Exam. M. D. or other

Address Cambridge Date signed Feb 23/40

RECEIVED
MAR 5 1940
BUREAU V. S.

01839

STATE OF MARYLAND—CERTIFICATE OF DEATH

(83a)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 112

Village or City Vienna No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertie Camper If U. S. Veteran, specify WAR —

(a) Residence: No. Vienna Maryland St., Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Camper

6. DATE OF BIRTH (month, day, and year): June 20, 1880

7. AGE: Years 59 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): Jan. 1940

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Dorchester County Maryland

FATHER

13. NAME: John Morris

14. BIRTHPLACE (city or town) (State or country): Dorchester County Maryland

MOTHER

15. MAIDEN NAME: Annie Coleman

16. BIRTHPLACE (city or town) (State or country): Dorchester County Maryland

17. INFORMANT (Address): Ruth Morris Vienna, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place: Vienna, Md. Date: Feb. 18, 1940

19. UNDERTAKER (Address): J. J. Frampton & Son Federalsburg, Maryland

20. FILED: Feb. 18, 1940 Elizabeth W. Craft Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1940, to Feb. 13, 1940

I last saw her alive on Feb. 13, 1940; death is said to have occurred on the date stated above, at 10:45a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/13/40

Other Contributory Causes of Importance:

Pleurisy	2/10/40
Acute Bronchitis	2/5/40

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Lawrence Maryanov M. D.

(Address) Vienna, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 6 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01840

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (932)

County Dorchester Registration Dist. No. 111

Village or City East New Market No. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred all Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M. Clifton If U. S. Veteran, specify WAR —

(a) Residence: No. Same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Furman Clifton

6. DATE OF BIRTH (month, day, and year) Jan 3 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME George Peary

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Sarah Mackmer

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Furman Clifton (Address) East New Market

18. BURIAL, CREMATION, OR REMOVAL Place East New Market Date Feb 4, 19 40

19. UNDERTAKER H. H. Willoughby (Address) East New Market

20. FILED Feb 3, 19 41. H. L. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 7 (Day) , 193 X0 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 19 40, to 2/7, 19 40

I last saw her alive on 2/1, 19 40; death is said to have occurred on the date stated above, at 4 a.m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of Importanca were as follows:

	Date of onset
Chronic Myocarditis	
with Dilatation	

Other Contributory Causes of Importence:

Name of operation — Date of

What test confirmed diegnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Dete of Injury , 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way relatad to occupation of deceasad?

If so, specify

(Signed) G Roger Myers M. D.

(Address) Hudson Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

111841

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Eastern Shore State Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 7 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Fred Cook — If U. S. Veteran, specify WAR No

(a) Residence: No. Caroline County Almshouse St. Ward.

(Usual place of abode) — If nonresident give city or town and State

No social security number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) September 13 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Agriculture.

10. Date deceased last worked at this occupation (month and year) 10 yrs. — 11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records (Address) State Hospital, Cambridge

18. BURIAL, CREMATION, OR REMOVAL Place Friendship. Date Feb 9, 1940

19. UNDERTAKER J. J. Frampton & Son (Address) Fredericksburg Md.

20. FILED 2-6, 1940 John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 30, 1940, to Feb 6, 1940

That I last saw him alive on Feb 2, 1940; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan 30.
Acute Hypostatic Pulmonary Edema	
Other Contributory Causes of Importance:	
Dyspnoea - Cerebral Arteriosclerosis	Feb 1930.

Name of operation ___ Date of ___

What test confirmed diagnosis? Physical. Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) P. J. Hamlin M. D.

(Address) State Hospital, Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Hanp

01842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Liner's road
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Lakesville

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State maryland County Dorchester

City or town Lakesville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Cornish

3. (b) Social Security Number

4. Sex: male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Susan Cornish

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) June 19 1875

8. AGE: Years 64 Months c 7 Days 15 If less than one day ___ hrs. ___ min.

9. Birthplace Liner's road
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Jeremiah Cornish
13. Birthplace Liners road

MOTHER
14. Maiden name Jane Matney
15. Birthplace Liners road

16. Informant Mary McNamara

Address Liners road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 7-1940 (month) (day) (year)

Cemetery or crematory Warfields Cemetery

Location Liners road

18. Funeral director Lewis Bayneum

Address Cambridge md

19. Feb. 7th 1940 (Date rec'd by registrar) Eva H. Blacum Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4th 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5 1939, to February 5 1940, and that I last saw him alive on February 5 1940.

Immediate cause of death: Left Cerebral Hemorrhage. DURATION 2/1/40.

Due to Generalized Arteriosclerosis Hypertensive cardio-renal

Due to vascular disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. F. Hanks M. D. or other

Address Cambridge Md. Date signed 2/6/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

01843

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town) WITHIN CORPORATE LIMITS OF

Street address, hospital, or institution: 6 Park Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 46 yrs 5 mos 29 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6 Park Lane
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Rosie Catherine Cornish

3. (b) Social Security Number 214-07-8682

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	colored	married

6 (b) Name of husband or wife Clinton Cornish

6(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) August 20 1893

8. AGE:

Years	Months	Days	If less than one day
46	5	29	hrs. min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation domestic

11. Industry or business Canning Industry

FATHER
12. Name Melvin Purnell
13. Birthplace Dorchester Co Md

MOTHER
14. Maiden name Susan Pinkett
15. Birthplace Dorchester Co Md

16. Informant Clinton Cornish

Address 6 Park Lane Cambridge Md

17. (Burial, cremation, or removal. Which?) Date thereof Feb 22nd 1940 (month) (day) (year)

Cemetery or crematory Burial Wough Cemetery

Location

19. Funeral director T M St Clair

Address Cambridge Md

19. 2-22 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 5:45 pM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 31 1939, to February 19 1940, and that I last saw her alive on February 19 1940.

Immediate cause of death	DURATION
Pulmonary Edema	10 days
Due to Chr. Myocarditis	1939
Due to	
Other conditions Gen. Hypertension	1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other

Address Pine & Cedar Sts Date signed 2-21-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

01844

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (142b)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (WITHIN CORPORATE LIMITS)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge - Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): died on admission

Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Vienna Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural Near
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ruby Dayton

3. (b) Social Security Number: none.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emerson Dayton

6(c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): Aug - 19 - 1911

8. AGE: Years: 28 Months: 6 Days: 7 If less than one day: — hrs. — min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: home

FATHER
12. Name: Walter Hurley
13. Birthplace: Maryland

MOTHER
14. Maiden name: Alberta Lankford
15. Birthplace: Maryland

16. Informant: Emerson Dayton
Address: Vienna

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Feb 28 1940 (month) (day) (year)

Cemetery or crematory: Dorchester Memorial

Location: Near Cambridge

16. Funeral director: H. H. Willoughby

Address: East New Market

19. 2 - 27 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 26 1940, at 7-15 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death: Internal Abdominal Haemorrhage — DURATION: 15 hrs

Due to: an Ectoptic Pregnancy Right side — 1 mo

Due to: —

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M.D. or other

Address: Cambridge - Md Date signed: Feb 26/40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

01845

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-d)

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 20 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie B. Ellis If U. S. Veteran, specify WAR

(a) Residence: No. Salisbury Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Ellis

6. DATE OF BIRTH (month, day, and year): Feb.2 1855

7. AGE: Years 85 | Months 0 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Salisbury Maryland

FATHER

13. NAME: John T. King

14. BIRTHPLACE (city or town) (State or country): Salisbury Maryland

MOTHER

15. MAIDEN NAME: Annie Stevens

16. BIRTHPLACE (city or town) (State or country): Salisbury Maryland

17. INFORMANT (Address): Hospital Records State Hopsital Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parsons Cem., Date Feb. 4, 1940

19. UNDERTAKER (Address): The Hill & Johnson Co. Salisbury Md.

20. FILED 2-2, 1940 John Wade Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 2, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb 2 1940, 19

I last saw her alive on Feb. 1, 1940; death is said to have occurred on the date stated above, at 8.10AM m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopnuemonia	Feb1
Chronic Myocarditis& myocardial Deg.	Prior to June1940
Arteriosclerosis	Prior to 1933

Other Contributory Causes of importance:

Senile Psychosis	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Percy G. Hawkins M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail **merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (190)

01846

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:
County Dorchester
City or town Elliott — Rural Near
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
on Marsh near Elliott Md.
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Elliott Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Orem Carlton Ewell

3. (b) Social Security Number

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced single

B (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 — 1903

8. AGE: Years 36 Months 6 Days 19 If less than one day hrs. min.

9. Birthplace Elliott Md
(Town, county, and state)

10. Usual occupation Watuman

11. Industry or business Fishing — Trapping

FATHER
12. Name Wm H. Ewell
13. Birthplace Maryland

MOTHER
14. Maiden name Agnes May Jarrett
15. Birthplace Maryland

16. Informant Mrs. Lillian Foxwell (sister)
Address Elliott Md.

17. Burial Date thereof Feb 26 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Elliotts
Location Elliotts

18. Funeral director H. H. Willoughby
Address East New Market

19. Feb 26 1940 Mrs R. L. Wright — Dep Local Reg
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 — to — 19 —,
and that I last saw h — alive on — 19 —.

Immediate cause of death Exposure

Due to Blizzard on Feb 14

Due to —

~~Other conditions~~ Body found about noon on Feb. 25 — 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of Feb 14 - 1940
Where did injury occur? Elliott — Dor. Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) on Marsh near Elliott
Means of injury exposure during blizzard Injured at work? yes

23. SIGNATURE Jos. K. Shriver Dep. Med. Exam. M. D. or other
Address Cambridge Md Date signed Feb 25 40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01847

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge, Maryland — No. Eastern Shore State Hospital — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? Native mos. ds.

2. FULL NAME Maggie Fairbank

If U. S. Veteran, specify WAR

(a) Residence: No. Diamonds Corner, Talbot Co., Md. Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hamilton Fairbank

6. DATE OF BIRTH (month, day, and year) December 8, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 57 Yrs.

12. BIRTHPLACE (city or town) Diamonds Corner, Talbot Co. (State or country) Maryland

FATHER

13. NAME Levin Bryan

14. BIRTHPLACE (city or town) Delaware (State or country)

MOTHER

15. MAIDEN NAME Sara Jane Morgan

16. BIRTHPLACE (city or town) Trappe, Md. (State or country)

17. INFORMANT Hospital Records, State Hospital (Address) Cambridge, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place State Hospital, Cambridge, Md. Date Feb. 5, 1940

19. UNDERTAKER Kenneth Thomas Kenneth B. Thomas (Address) Cambridge, Md.

20. FILED 2-5, 1940 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 4 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1939, to February 4, 1940

I last saw h.. alive on February 3, 1940; death is said to have occurred on the date stated above, at 1 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema, Acute Influenza	2/2/40
Other Contributory Causes of importance: Psychosis With Other Somatic Disease (Cardiac)	2/4/39

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hamilton M. D.

(Address) State Hosp. Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01848

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-P

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge Md. No. Eastern Shore State Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 hrs. 15 min. ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Henry Fay If U. S. Veteran, specify WAR .....

(a) Residence No. Perryville Md. St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Mary Fay

6. DATE OF BIRTH (month, day, and year): Aug 30 1852

7. AGE: Years 87 | Months 5 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Asst Yardman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Railroad (P.R.R.)

10. Date deceased last worked at this occupation (month and year): 10 yrs ago.

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (city or town) (State or country): Phila Pa

FATHER

13. NAME: Cochran Fay

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Rebecca Dallas

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mary D. Patterson (daughter) Perryville Md.

18. BURIAL, CREMATION, OR REMOVAL: West Kollingham

Place: Perryville Md. Date: Feb 24, 1940

19. UNDERTAKER (Address): Lee A. Patterson Perryville Md.

20. FILED: 2-22, 1940 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1940, to Feb 21, 1940

I last saw him alive on Feb 21, 1940; death is said to have occurred on the date stated above, at 8:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	10 yrs ago
Cardiac Failure	Feb 21 1940
Chronic Nephritis	

Other Contributory Causes of importance: Patient removed from Cecil Co. diagn 3 hour 1st minute later. Reported to Dr. J. J. Shriver Coroner

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Percy G. Hamlin M. D.

(Address) State Hospital, Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

no social security no.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

01849

Reg. Dist. No. 116

VS A15 (1) MARGIN RESERVED FOR BINDING (I) PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (M)

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 602 Race St —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 64 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge — Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 602 Race St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Charlatte Hester Gillis

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single —

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-5-1860

8. AGE: Years 79 | Months 7 | Days 27 | If less than one day — hrs. — min.

9. Birthplace Thomas Co., Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business —

FATHER 12. Name Wm H. Gillis
13. Birthplace Md.

MOTHER 14. Maiden name Margaret Gracemer
15. Birthplace Md

16. Informant Mrs. Howard Rollins
Address Cambridge, Md

17. Burial Feb 4, 1940
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Cambridge
Location Cambridge Md.

18. Funeral director J S LeCompte
Address Cambridge, Md.

19. 2-3 1940 Glen Meade Reg.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940, at 10:30 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Jan 29 1940, to Feb 7 1940, and that I last saw h-- alive on Feb 7 1940.

	DURATION
Immediate cause of death Cerebral Apoplexy	Jan 29
Due to Hypertension C. V. D. Disease	7
Due to —	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE Wyle M Law M.D.
M. D. or other
Address Cambridge Md Date signed 2-7-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01850

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 12 Washington Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Cambridge Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 12 Washington Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Greta Green

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1939

8. AGE:

Years	Months	Days	If less than one day
	8	1	hrs. min.

9. Birthplace Cambridge Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name George Green
13. Birthplace Cambridge Md.

MOTHER
14. Maiden name Hilda Mc Clain
15. Birthplace Cambridge Md.

16. Informant George Green
Address Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 8 1940
(month) (day) (year)

Cemetery or crematory Fountain Cemetery

Location Cambridge Md.

18. Funeral director Frank E. Altemus

Address Cambridge Md.

19. 2-7 1940 John Meade Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6, 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5 1940 to Feb 6 1940, and that I last saw her alive on Feb 6 1940.

Immediate cause of death	DURATION
Broncho - Pneumonia	24 hrs
Due to La Grippe —	4 days
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver
M. D. or other

Address Cambridge Date signed Feb 7/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

01851

CERTIFICATE OF DEATH

Reg. Dist. No. 11-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town C.H. Market.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Murry Henry

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	married

B (b) Name of husband or wife May S. Henry.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years	Months	Days	If less than one day
about 71			hrs. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)
10. Usual occupation Sailor
11. Industry or business

FATHER
12. Name Henson Henry.
13. Birthplace Dorchester Co. Md

MOTHER
14. Maiden name Mary Ann Keene
15. Birthplace Dorchester Co Md.

16. Informant Josiah T Henry Jr.
Address 222 Cedar St Cambridge Md.

17. Burial Date thereof 2-22-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or cemetery Cemetery.
Location Cambridge Md.

18. Funeral director Lewis A. Henry
Address 222 Cedar St Cambridge Md.

19. H&P 19 40 H.E. Parker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-20 19 40, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-3- 19 40, to 2-20 19 40
and that I last saw h~~im~~ alive on 2-18 19 40

Immediate cause of death Coronary Thrombosis — DURATION few days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J.D. Boyer M.D.
M. D. or other
Address 222 Pine St. Cambridge, Md. Date signed 2-20-40

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BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 112

CERTIFICATE OF DEATH

01852

1. PLACE OF DEATH:

(a) County Dorchester

(b) City or town Vienna (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Dor. Co.

(c) City or town Vienna (If outside city or town limits, write RURAL and give town)

(d) Street No. ✓ (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Marie L. Hodson

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife none

6. (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Feb 26 1878

8. AGE: Years 61 Months 11 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name Joseph Le Compte

13. Birthplace Md

MOTHER 14. Maiden Name [illegible] Hurley

15. Birthplace Md

16 (a) Informant Loyd Lankford

(b) Address Hurlock

17 (a) ___ (Burial, cremation, or removal) (b) Date thereof Feb 5 1940 (month) (day) (year)

(c) Cemetery or crematory Vienna

Location Town

18 (a) Funeral director F. B. Willoughby

(b) Address Hurlock

19 (a) Feb 3 - 1940 (Date rec'd by registrar) (b) Elizabeth H. Grafe Local Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 3 1940, at 4:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Feb 3, 1940, and that I last saw her alive on Feb 3 1940.

Immediate cause of death	Duration
Coronary thrombosis	?
Due to Arteriosclerotic heart disease	?
Due to	
Other conditions Acute Bronchitis Influenza (Include pregnancy within 3 months of death)	2 wks

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lawrence Maryanov, M.D. (M. D. or other)

Address Vienna, Md. Date signed Feb. 3, 1940

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BUREAU V. S.

01853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Park Lane

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Park Lane (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Robert Hooper

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Late Elnora Hooper

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years 63 Months Days If less than one day hrs. min.

9. Birthplace: Lakesville, Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: General labor

FATHER
12. Name: Robert Hooper
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary J. Ennels
15. Birthplace: Maryland.

16. Informant: William J. Elliott

Address: 300 Muir St. Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 7th, 1940 (month) (day) (year)

Cemetery or crematory: Crapo Back Street Cem.

Location: Crapo, Maryland.

18. Funeral director: Lewis H. Bayneman

Address: Cambridge, Md.

19. 2-4 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 3rd 1940, at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15th 1939 Feb 3rd 1940 and that I last saw him alive on Jan 30th 1940.

Immediate cause of death: General Paralysis

Due to: Unknown outside of Dutch Cranial to Hemmorrhage

Due to:

Other conditions: None (Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION: Jan 30/40 to Feb 3/40

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Thos L Collins D. M. D. or other

Address: Cambridge, Md. Date signed:

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01854

1. PLACE OF DEATH (8)

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Camb. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Hurley. If U. S. Veteran, specify WAR ___

(a) Residence: No. Race St., Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: unlet

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): 2/12/40

7. AGE: Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

3 Mo. abortion

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Cambridge Md.

FATHER

13. NAME: Clifford Hurley.

14. BIRTHPLACE (city or town) (State or country): Dorchester Co. Md.

MOTHER

15. MAIDEN NAME: Josephine Hurley.

16. BIRTHPLACE (city or town) (State or country): Cambridge Md.

17. INFORMANT (Address): Josephine Hurley. Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Camb. Md. Hospital Date: 2/12, 1940

19. UNDERTAKER (Address): Camb. Hospital Camb. Md.

20. FILED 2/12/, 1940 John Moore Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/12/, 1940, to 2/12/, 1940

I last saw h___ alive on not at all 19___; death is said to have occurred on the date stated above, at 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
3 Mo. abortion (Cause unknown)	

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did Injury occur? ___ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) John Moore Jr. M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

01855

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 11 School House Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 11 School House Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Johnson

3. (b) Social Security Number none

4. Sex male

5. Color or race Colored

6.(a) Single, married, widowed, or divorced single

B (b) Name of husband or wife —

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. 14 - 1940

8. AGE: Years Stillborn | Months | Days | If less than one day hrs. min.

9. Birthplace Cambridge, Md.

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name James Johnson

13. Birthplace No. Carolina

MOTHER 14. Maiden name Flossie Jones

15. Birthplace E. R. Market Md

16. Informant Flossie Johnson

Address Cambridge, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb. 15th 1940 (month) (day) (year)

Cemetery or crematory Bethel Cem.

Location Cambridge, Md.

18. Funeral director James Johnson (Father)

Address 11 School House Lane Camb.

19. 2-15 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19 , to 19 ,

and that I last saw h alive on not at all. 19

Immediate cause of death	DURATION
Stillborn (2 mos)	
Due to Cause unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge, Md. Date signed 2/15/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (330)

01856

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Vienna — Route 2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Vienna Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Route 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Florence Elizabeth Jones

3. (b) Social Security Number: none

4. Sex: F.

5. Color or race: C.

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June, 11, 1939

8. AGE: Years: — Months: 7 Days: 26 If less than one day ____ hrs. ____ min.

9. Birthplace: Vienna — Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Elmer T. Jones
13. Birthplace: Maryland

MOTHER
14. Maiden name: Amelia Hall
15. Birthplace: Maryland

16. Informant: Elmer T. Jones

Address: Vienna — Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: feb 10 1940 (month) (day) (year)

Cemetery or crematory: ailesy md

Location: ailesy md

18. Funeral director: Lewis H Baynes

Address: 201 W Stigtown St

19. 2-10 1940 John Moore Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 7 1940, at 2 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h ____ alive on ____ 19__.

Immediate cause of death: Broncho-pneumonia

Due to: La Grippe

Due to:

Other conditions: —
(Include pregnancy within 8 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION: 2 days; 1 wk

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge Md Date signed: Feb. 8/40

RECEIVED
MAR 5 1940
BUREAU V. S.

01857

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Madison (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural Near

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 7 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Madison Ward No. (If outside city or town limits, write RURAL NEAR and give town) Rural Near

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Frank Kane, Jr.

3. (b) Social Security Number: none.

4. Sex: Male

5. Color or race: C.

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 21-1939

8. AGE: Years: # Months: 7 Days: 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Madison - Md (Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER: 12. Name: George Frank Kane

13. Birthplace: Md

MOTHER: 14. Maiden name: Norcy Kane

15. Birthplace: Md

16. Informant: Norcy Kane

Address: Madison, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 5-1940 (month) (day) (year)

Cemetery or crematory: Melones - M.E. Church Cem.

Location: Madison.

18. Funeral director: Oliver Kane

Address: Madison - Md.

19. 2-5 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 4 1940, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19__, to — 19__, and that I last saw h — alive on — 19__.

Immediate cause of death: Bronchorhea — DURATION: 3 hrs.

Due to: La Grippe — 1 day

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dof Med Exam. M. D. or other

Address: Cambridge Date signed: Feb 4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

01858

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 24 Miner

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 70

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 24 Miner St.

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mary Jane Lang

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Christopher Lang

1902 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 3-3-1842

8. AGE: Years 97 | Months 11 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: Queen Ann Co Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business: ✓

FATHER

12. Name: Samuel Baxter

13. Birthplace: Md

MOTHER

14. Maiden name: Rachel Mason

15. Birthplace: Md

16. Informant: Miss Sallie Lang

Address: Cambridge Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 2/21/40 (month) (day) (year)

Cemetery or crematory: Cambridge

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge, Md.

19. 2-21 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940 at 2:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 1940, to 2/18 1940, and that I last saw her alive on 2/18 1940.

Immediate cause of death: Extreme senility with general arteriosclerosis

Due to

Due to

Other conditions: acute bronchitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Guy Steele M. D. or other

Address: Cambridge Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01859

No Social Security No.

1. PLACE OF DEATH (94a)

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Eastern Shore State Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel H. Le Compte — If U. S. Veteran, specify WAR

(a) Residence: No. Secretary Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Maggie Marvel

6. DATE OF BIRTH (month, day, and year): April 29 1869

7. AGE	Yeers	Months	Days	If LESS than 1 dey, hrs. or min.
	70	9	29.	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.: Marine engineer

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.:

10. Dete deceased lest worked at this occupation (month and yeer): Sept 1939 — 11. Totel time (yeers) spent in this occupation: 45

12. BIRTHPLACE (city or town) (Stete or country): Dorchester County, Md

FATHER

13. NAME: Thomas Le Compte

14. BIRTHPLACE (city or town) (Stete or country): Maryland.

MOTHER

15. MAIDEN NAME: Sara Jane Mills

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Hospital Record State Hospital Cambridge

18. BURIAL, CREMATION, OR REMOVAL — Place: East New Market — Date: Mar 1st, 1940

19. UNDERTAKER (Address): F. B. Willoughby East New Market,

20. FILED 2-28, 1940 — John Meade M. — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 28 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY That I attended deceased from April 12, 1938, to Feb 28, 1940

I last saw him alive on Feb 28, 1940; deeth is said to have occurred on the dete stated above, at 6.35 P. m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:

	Date of onset
Enterosclerosis	
Coronary Sclerosis	Feb 7 1940.
Cardiac Failure	Feb 7.
Hemi-paresis (right side)	1940
Other Contributory Causes of Importance: Pulmonary Edema	Jan 1940 Feb 28 1940

Name of operation: None — Dete of:

Whet test confirmed diegnosis: Physical Exe — Wes there an eu opsy? (No)

23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Neture of injury

24. Wes diseese or injury in any way related to occupetion of deceesed?

If so, specify

(Signed) Percy G. Hamlen, M. D.

(Address) State Hospital, Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAR 5 1928 BUREAU OF V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

01860

CERTIFICATE OF DEATH

Reg. Dist. No. 116-111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Dorchester

City or town East New Market Route 1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5-8

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Dorchester

City or town East New Market Route 1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Levin Washington See

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife Annie See

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 4 1881

8. AGE: Years 58 | Months 7 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace East New Market Md

(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER 12. Name Henry See

13. Birthplace East new Market Md

MOTHER 14. Maiden name Harriett Stanley

15. Birthplace East new Market Md

16. Informant Henry See

Address East New Market Rout 1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 7th 1940 (month) (day) (year)

Cemetery or crematory Liberty Cem.

Location Cambridge R.F.D. # 2

18. Funeral director H. W. Wildesorgabley

Address E. N. mkt. Md

19. 2-5 1940 John Meacy Jr. Registrar

(Date rec'd by registrar)

W. E. Cooper, Reg. E. N. Md

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 9:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 31 1940, to February 3 1940, and that I last saw him alive on February 3 1940

Immediate cause of death	DURATION
Bronchopneumonia (Primary)	1-28-40
Due to	
Due to	
Other conditions Chr. Myocarditis	1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M McClean MD M. D. or other

Address Cor Cedar Sts Date signed 2-3-40

RECEIVED
MAR 4 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01861

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Slacum St., 2nd Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Layfield Major If U. S. Veteran, specify WAR

(a) Residence: No. Slacum St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 15 1936

7. AGE Years 3 Months 8 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) Md

FATHER

13. NAME John D. Major

14. BIRTHPLACE (city or town) (State or country) Accomac Va.

MOTHER

15. MAIDEN NAME Lola Mapp

16. BIRTHPLACE (city or town) (State or country) Exmore Va.

17. INFORMANT (Address) Jno. D. Major Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date Feb 5, 1940

19. UNDERTAKER (Address) T & M St Clair Cambridge M

20. FILED 2-5-, 1940 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 2, 1940, to Feb 2, 1940

I last saw him alive on Feb 2, 1940; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Convulsions due to	Feb 2
Hyperpyrexia due to	Feb 2
La Grippe	Feb 1

Other Contributory Causes of importance:

Name of operation ✓ Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jos. K. Shriver M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01862

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (95-C)

County Dorchester Registration Dist. No. 110

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 2 Years How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella C. Marine If U. S. Veteran, specify WAR —

(a) Residence: No. Federalsburg Maryland St., Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H. Marine - 70 yrs.

6. DATE OF BIRTH (month, day, and year) April 13, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb. 2, 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland

FATHER

13. NAME Wesley Windsor

14. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah E. Holder

16. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland

17. INFORMANT Frank H. Marine (Address) Federalsburg Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md. Date Feb. 4, 1940

19. UNDERTAKER J. J. Hampstow & Son (Address) Federalsburg, Maryland

20. FILED Feb 3, 1940 Charles V. Hastings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7/7/40, 19 to 7/7/40, 19

I last saw her alive on 7/7/40, 19; death is said to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart with Pulmonary Oedema	

Other Contributary Causes of Importance:

none	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in eny way related to occupation of deceased?

If so, specify

(Signed) G. Roger Myers M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 8 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01863

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH 93-D

NO SOCIAL SECURITY NUMBER

County Dorchester — Registration Dist. No.

Village or City Cambridge, Maryland — No. Eastern Shore State Hospital, — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred No yrs. No mos. 18 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Marine — If U. S. Veteran, specify WAR

(a) Residence: No. Brookview, Rhodesdale, Md. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sara Elizabeth Fisher

6. DATE OF BIRTH (month, day, and year): February 3, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	No	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Dorchester County, Md.

FATHER

13. NAME: James Marine

14. BIRTHPLACE (city or town) (State or country): Dorchester County, Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records

(Address) State Hospital, Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Brookview Date March 1, 1940

19. UNDERTAKER: Traynor Bros

(Address) Sharptown

20. FILED Feb. 29, 1940 John Mace, Jr. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

February 28 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1940 to February 27, 1940

I last saw him alive on February 27, 1940; death is said to have occurred on the date stated above, at 4:55 Am.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	1930
Chronic Myocarditis	2/10/40
Cardiac Arhythmia	" " "
Heart Failure	" " "

Other **Contributory Causes** of Importance:

Name of operation None — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) P. A. Hansen M. D.

(Address) State Hospital Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55C)

01864

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester —

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 116 Academy St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md Ward No. 7

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 116 Academy St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no —

3. (a) FULL NAME Orville C McLaughlin

3. (b) Social Security Number 214-07-9010

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single —

6 (b) Name of husband or wife ✓

✓ 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 6-26-1917

8. AGE:

Years	Months	Days	If less than one day
22	7	17	hrs. min.

9. Birthplace Bishops Head, Md (Town, county, and state)

10. Usual occupation Chief Engineer

11. Industry or business Phillips Pkg Co

FATHER 12. Name Walton C McLaughlin

13. Birthplace Md

MOTHER 14. Maiden name Inez Pritchett

15. Birthplace Md

16. Informant MD Walton McLaughlin

Address Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/15/40 (month) (day) (year)

Cemetery or crematory Cambridge

Location Cambridge, Md

18. Funeral director G S L Compte

Address Cambridge, Md.

19. 2-14 1940 (Date rec'd by registrar) John Neal Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 10.03 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to Feb. 13, 1940, and that I last saw him alive on February 1940.

Immediate cause of death Osteosarcoma of left hip with metastases to spine kidneys and lungs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md Date signed 2/14/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

01865

CERTIFICATE OF DEATH

Reg. Diat. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (CORPORATE LIMITS)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 or 6 days

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1 Central avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Wm Henry Moore

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Arintha Brack

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 8-12-1863

8. AGE: Years	Months	Days	If less than one day
76	5	29	hrs. min.

9. Birthplace Bishops Head, Md. (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Boat

FATHER 12. Name John C. Moore

FATHER 13. Birthplace Md.

MOTHER 14. Maiden name Not known

MOTHER 15. Birthplace X

16. Informant Mrs Wm H. Moore

Address Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/13/40 (month) (day) (year)

Cemetery or crematory St. Johns Church

Location Bishops Head, Md.

18. Funeral director Granville S. Compton

Address Cambridge, Md

19. 2-13 1940 (Date rec'd by registrar) John Moore Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8, 1940, to February 11 1940, and that I last saw h[illegible] alive on February 11, 1940

Immediate cause of death	DURATION
Myocardial failure	1 year.
Acute failure	0 days.
Due to Arteriosclerosis	
Due to Hypertension	
Other conditions Hypostatic Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. Compton M. D. or other

Address Cambridge Md Date signed 2/12/40

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46b)

01866

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge - Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 116 Choptank Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Levin H. Mowbray

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence Mowbray

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Dec 18, 1867

8. AGE: Years 72 | Months 1 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace: Brickhouse Dorchester Co. Md (Town, county, and state)

10. Usual occupation: Retired Merchant - Janitor.

11. Industry or business: Janitor Cambridge School

FATHER

12. Name: John W. Mowbray

13. Birthplace: Cambridge Md

MOTHER

14. Maiden name: Annie Pattison

15. Birthplace: Cambridge Md

16. Informant: Mrs Florence Mowbray

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 6, 1940 (month) (day) (year)

Cemetery or crematory: Cambridge Cemetery

Location: Cambridge Md

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md

19. 2-6- 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 4 1940, at 4:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 2 1940, to February 4 1940, and that I last saw him alive on February 4 1940.

Immediate cause of death: Gastric Hemorrhage — DURATION: 2 days

Due to: Adenocarcinoma of stomach — ?

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

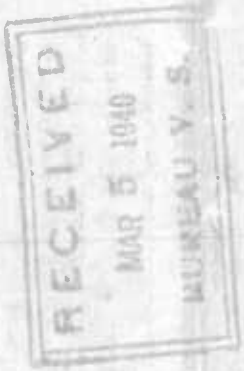
Means of injury: Injured at work?

23. SIGNATURE: W. F. [illegible] M. D. or other

Address: Cambridge Md Date signed: 2/5/40

39
1940-2-4 34
1867 12-18 18
16
72-1-16

RECEIVED
MAR 5 1940
BUREAU V. S.



STATE OF MARYLAND—CERTIFICATE OF DEATH

01867

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Phoebe A. Murphy — If U. S. Veteran, specify WAR

(a) Residence: No. Cambridge Md. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5e. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Charles E. Murphy

6. DATE OF BIRTH (month, day, and year) May 10 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Hospital Records
(Address) State Hospital Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place East New Market Md. Date Feb 14, 1940

19. UNDERTAKER Frank E. Abbott
(Address) Cambridge Md

20. FILED 2-14, 1940 John Mace Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 12 (Day) 40 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Feb 12, 1940

I last saw her alive on Feb. 12, 1940; death is said to have occurred on the date stated above, at 4.10 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopnuemonia	Feb 2
Bronchitis	Oct. 6
Chronic Myocarditis and Arteriosclerosis & Hypertension	Unknown "
Other Contributory Causes of importance:	
Senile Psychosis	1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. O. Hamlin M. D.

(Address) State Hosp, Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1940 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01868

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester (30-d) Registration Dist. No. 110

Village or City Williamsburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah R. Neal If U. S. Veteran, specify WAR —

(a) Residence: No. Williamsburg, Md. St., Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Neal — 75 years

6. DATE OF BIRTH (month, day, and year) March 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb. 7, 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

FATHER

13. NAME James Holder

14. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

MOTHER

15. MAIDEN NAME Mary Knowles

16. BIRTHPLACE (city or town) (State or country) Wicomico County Maryland

17. INFORMANT Mrs. Mattie Knowles (Address) Blades, Delaware

18. BURIAL, CREMATION, OR REMOVAL Place Blades, Del. Date Feb. 11, 1940

19. UNDERTAKER J. J. Frampton & Son (Address) Federalsburg, Maryland

20. FILED Feb. 8, 1940 Chas. W. Hastings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1940, to Feb. 8, 1940

I last saw her alive on 8, 1940 death is said to have occurred on the date stated above, at 10:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Aneurism: Aneurism of the aorta. Duration: two or three days. Owen R.

Date of onset

Other Contributory Causes of importance: —

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) L. G. Frazier M. D.

(Address) Hurlock, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 8 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01869

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 10

Village or City East New Market (Rural) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Nichols If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and yeer) Dec 31 - 1939

7. AGE Yeers	Months	Deys	If LESS then 1 dey, hrs. or min.
	2	10	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceesed lest worked et this occupation (month and yeer) —

11. Total time (yeers) spent in this occupation —

12. BIRTHPLACE (city or town) East New Market (State or country) Maryland

FATHER

13. NAME Leonard Nichols

14. BIRTHPLACE (city or town) Caroline Co (Stete or country) Md

MOTHER

15. MAIDEN NAME Louise Richards

16. BIRTHPLACE (city or town) Maryland (Stete or country)

17. INFORMANT Leonard Nichols (Address) East New Market Md

18. BURIAL, CREMATION, OR REMOVAL Place Johnstown Del Date Feb 29 -, 1940

19. UNDERTAKER F. B. Willoughby (Address) Funeral Director

20. FILED Feb 29, 1940 Chas W. Hastings, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 28, 1940 (Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1940, to Feb. 28, 1940

I last saw h-- elive on Feb. 26, 1940 deeth is seid to heve occurred on the dete stated above, at 10:45 A.M.

The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:

	Date of onset
Influenza	
Other Contributory Causes of importance: —	

Name of operation — Date of —

What test confirmed diegnosis? — Wes there an eutopsy? —

23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any wey releted to occupetion of deceased? no

If so, specify

(Signed) L. G. Frazier M. D.

(Address) Hurlock, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 8 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town Hurlock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Wm J Nichols

3. (b) Social Security Number none

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Dead

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 3 1860

8. AGE: Years 79 | Months 2 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Thos. F. Nichols
13. Birthplace Md

MOTHER
14. Maiden name Loraine Mills
15. Birthplace Md

16. Informant Geo Nichols
Address Hurlock

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 17 1940 (month) (day) (year)
Cemetery or crematory Eldorado
Location Same

18. Funeral director F. B. Willoughby
Address Hurlock

19. 2/16 — 1940 Chas W Hasenings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12th 1939, to 2/14 1940
and that I last saw him alive on 2/14/40 19__

Immediate cause of death Myocarditis with Cardiac Dilatation

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE G Roger Myers M. D. or other
Address Hurlock Md Date signed 2/[illegible]/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

01871

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cor Church & Mill sts,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No. 1
(If outside city or town limits, write RURAL NEAR, and give town)
Street No. Cor Church & Mill sts
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John R. Pattison

3. (b) Social Security Number no —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Late Lillie Stapleforte

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1-6-1860

8. AGE: Years 80 | Months 1 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Dorchester Co. Md
(Town, county, and state)

10. Usual occupation Chief Judge — Retrd

11. Industry or business Jurist —

FATHER 12. Name John R Pattison

FATHER 13. Birthplace Md —

MOTHER 14. Maiden name Mary Burroughs

MOTHER 15. Birthplace Md

16. Informant Miss Mary Pattison

Address Cambridge Md

17. Burial, cremation, or removal. Which? Burial Date thereof 2/15/40 (month) (day) (year)

Cemetery or crematory Christ Church

Location Cambridge Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 2-14 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12th 1940 7.35 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 17 1940, to July 12 1940, and that I last saw him alive on July 12 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo Blades M. D. or other
Address Cambridge Md Date signed

RECEIVED
MAR 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 27-C

01872

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Somerset

City or town Fishing Creek, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) Life 69-8-15

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Somerset

City or town Fishing Creek, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME J. Riley Phillips

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Fishing Creek, Md.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1870

8. AGE:

Years	Months	Days	If less than one day
69	8	15	hrs. min.

9. Birthplace Marion Park, Md.
(Town, county, and state)

10. Usual occupation waterman - retired

11. Industry or business oyster & fish

FATHER 12. Name Samuel Phillips

13. Birthplace Marion Park, Md

MOTHER 14. Maiden name Jones Aaron

15. Birthplace Marion Park, Md.

16. Informant Emma D. Phillips

Address Fishing Creek

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Feb. 22-1940 (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park.

Location Cambridge Md.

18. Funeral director Frank E. Allen

Address Cambridge, Md

19. Feb. 18 1940 James W. Meares Loc. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1940, at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 17 1940, to Feb. 18 1940, and that I last saw him alive on Feb. 17 1940.

Immediate cause of death Paralysis Agitans — DURATION 13 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meares M.D.
M. D. or other

Address Fishing Creek, Md. Date signed Feb. 18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CEIVED
MAR 8 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01873

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 111

Village or City Near East New Market No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James A. Pinder If U. S. Veteran, specify WAR ____

(a) Residence: No. Same St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Unknown

6. DATE OF BIRTH (month, day, and year) April 1st 1860

7. AGE: Years 80 | Months 10 | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Hand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) Mar. 1930

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joe Pinder

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT (Address) John Ness Johnson Hurlock

18. BURIAL, CREMATION, OR REMOVAL

Place Vienna Date Mar 2, 1940

19. UNDERTAKER (Address) H. H. Willoughby East New Market

20. FILED ~~3/4~~ 2/29, 1940 H. E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1940, to Feb 27, 1940

I last saw him alive on Feb. 26, 1940, death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Labor Pneumonia, | Date of onset

Other Contributory Causes of importance: Contracted Cold

Name of operation none Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) L. L. Frazier M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

D1874

Reg. Dist. No. 116

1. PLACE OF DEATH
County Dorchester
City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Belvedere Ave
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 57, 3,

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Belvedere Ave
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR —

3. (a) FULL NAME Lillie Snow Robbins

3. (b) Social Security Number none

4. Sex: F
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Wm Howard Robbins
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 11-8-1882
8. AGE: Years 57 | Months 3 | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Cambridge, R.F.D. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: Home
FATHER 12. Name: Wm F. Snow
13. Birthplace: Ohio
MOTHER 14. Maiden name: Sarah Stevens
15. Birthplace: Md.
16. Informant: Mrs. Leonard Mowbray
Address: Cambridge Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-10-40 (month) (day) (year)
Cemetery or crematory: Camb. Cemetery
Location: Cambridge Md.
18. Funeral director: S. S. LeCompte
Address: Cambridge, Md.
19. 2-9-1940 (Date rec'd by registrar) John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1940, at 3.00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9 1937, to Feb 8 1940, and that last saw h[illegible] alive on Feb 8 1940

	DURATION
Immediate cause of death: Pulmonary edema and bronchial pneumonia	24 hrs.
Due to: Myocardial weakness - Salvular heart disease & marked hypertrophy	?
Due to:	
Other conditions: Broncho-pneumonia following influenza - Lobar Pneumonia (Uncomplicated, primary, with which of preceding?)	Jan 28, 40

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wyhe M Taw MD M. D. or other
Address Cambridge Date signed 2-9-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92C)

01875

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge WITHIN CORPORATE LIMITS OF
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 201 Race St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 46 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Race St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hannah Scott

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	widowed

B (b) Name of husband or wife Lee Scott

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 2 1893

8. AGE:

Years	Months	Days	If less than one day
46	3	14	____ hrs. ____ min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation General Housework

11. Industry or business

FATHER
12. Name Wm Nichols
13. Birthplace Federalsburg Md

MOTHER
14. Maiden name Jennie Brown
15. Birthplace Louis Co Mo

16. Informant Sallie Winn
Address 110 Race St. Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 19 1940 (month) (day) (year)
Cemetery or crematory Bethel Cemetery
Location Bayly's Road

18. Funeral director W M McClean
Address Cambridge Md

19. 2-19 1940 (Date rec'd by registrar) John Meaney Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1940, at 7:00 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January xx 1940, to Feb 16 1940, and that I last saw him alive on February 16 1940.

Immediate cause of death	DURATION
Chr. Myocarditis	1938
Due to Malsternal R	
Due to	
Other conditions	
Mitral Insufficiency (Include pregnancy within 3 months of death)	1937

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carroll M McClean M D
M. D. or other
Address Race & Cedar Sts Date signed 2-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 5 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01878

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. 8 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Georganna Shade If U. S. Veteran, specify WAR

(a) Residence: No. Cecil County Almshouse, Cecil St., Co., Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gabriel Shade

6. DATE OF BIRTH (month, day, and year) Jan. 15, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 53 yrs

12. BIRTHPLACE (city or town) Port Deposit (State or country) Maryland

FATHER

13. NAME John Porter

14. BIRTHPLACE (city or town) Unknown (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Jane Nesbitt

16. BIRTHPLACE (city or town) Unknown (State or country) Maryland

17. INFORMANT Hospital Records (Address) State Hospital, Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pungoteague, Md Date Feb 16, 1940

19. UNDERTAKER Lee A. Patterson (Address) Pungoteague Md.

20. FILED 2-14, 1940 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Feb. 13, 1940

I last saw her alive on Feb. 13, 1940; death is said to have occurred on the date stated above, at 2:05 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb. 5
Influenza	Jan. 31
Chronic Endocarditis	Prior to
" Myocarditis & Myocardial Degeneration	April '38
Other Contributory Causes of Importance: Arteriosclerosis, cerebral & General	Prior to June '30
Senile Psychosis	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Percy S. Hamlen M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAR 5 1940
BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01877

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 242 High Street,
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 242 High Street (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward M. StClair

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	col.	Married

B (b) Name of husband or wife: Emma St.Clair
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 23rd, 1866

8. AGE:	Years	Months	Days	If less than one day
	73	9	16	hrs. min.

9. Birthplace: Cambridge, Md. (Town, county, and state)
10. Usual occupation: Clerk in store
11. Industry or business: Grocery

FATHER
12. Name: Cyrus St.Clair
13. Birthplace: Dor. Co., Cambridge, Md.

MOTHER
14. Maiden name: Annetta H. Thomas
15. Birthplace: St.Augustine, Fla.,

16. Informant: H. M. St.Clair
Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 11th '40 (month) (day) (year)
Cemetery or crematory: Waugh Cem.
Location: ~~Fairview Cem~~ Cambridge, Md.
18. Funeral director: H. M. Clair
Address: Cambridge, Maryland.

19. 2/10/40 (Date rec'd by registrar) 19 John Mace jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 9th 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1st 1940, to Feb. 9th 1940, and that I last saw him alive on Feb. 9th 1940

Immediate cause of death	DURATION
Chronic myocarditis with decompensation.	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John Mace jr. M.D. M. D. or other
Address: Cambridge, Md. Date signed: 2/10/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MAR 5 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01878

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

(93-d)

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 29 mos. ds. How long in U. S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Stevens

If U. S. Veteran, specify WAR

(a) Residence: No. Federalsburg Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F Emale	White	Single

5a. If married, widowad, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and yaar) April 1858

7. AGE	Years	Months	Days	If LESS than 1 dey, hrs. or min.
	81	9		

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (yaars) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Crisfield
(State or country) Md

FATHER

13. NAME Thomas Stevens
Unknown

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Amanda Powell
Unknown

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address) State Hospital Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Federalsburg, Md. Date Feb. 5, 1940

19. UNDERTAKER J. J. Frampton and Son
(Address) Federalsburg, Maryland

20. FILED 2-2, 1940 John Macary
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 2 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1939, to Feb 2, 1940

I last saw h er alive on Feb. 1 1940; deeth is said to have occurrad on tha date stated above, at 4.30 AM m.

The PRINCIPAL CAUSE OF DEATH and relatad causas of importance were as follows:

	Date of onsat
Bronchopmuemonia	Febl
Chronic Myocarditis and Myocardial Deg.	Unknown
Arteriosclerosis general&cerebral	Prior to 1926
Other Contributory Causes of Importance: Hemiplegia	1926

Name of operation Dete of no

What test confirmed diagnosis? Was thera an au opsy?

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes disease or injury in any way related to occupation of deceasad?

If so, specify

(Signed) Percy G. Hawken M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

01879

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester

City or town Wingate, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Dorchester

City or town Wingate Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Grover Cleveland Tawes

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: ~~Married~~ Divorced

6 (b) Name of husband or wife: Jane Taylor

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1887 x

8. AGE: Years 53 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Drake Island, Md
(Town, county, and state)

10. Usual occupation: x

11. Industry or business: No Occupation

FATHER
12. Name: Wm Tawes
13. Birthplace: Drake Island, Md

MOTHER
14. Maiden name: Unknown
15. Birthplace: Drake Island, Md

16. Informant: Willis Windsor

Address: Wingate, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 22 1940 (month) (day) (year)

Cemetery or crematory: Drake Island

Location: Drake Island, Md

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md

19. Feb 21 1940 (Date rec'd by registrar) Wilson D. Pritchett Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20th 1940, at 5.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on January 1st 1940.

Immediate cause of death: Asthma

Due to: Coronary thrombosis. C.W.&R. Duration: Not stated.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE F. L. Chymes M. D. or other

Address Bishop Head Date signed Feb. 24 1940

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01880

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (33-a)

County Dorchester Registration Dist. No. 110

Village or City Near Reliance No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida E. Taylor If U. S. Veteran, specify WAR

(a) Residence: No. Seaford, (Usual place of abode) Delaware, R.F.D. Ward. No Social Security Number (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Taylor

6. DATE OF BIRTH (month, day, and year) May 22, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Aug. 1926 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Sussex County (State or country) Delaware

FATHER

13. NAME Eli Hastings

14. BIRTHPLACE (city or town) Sussex County (State or country) Delaware

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) Wicomico County (State or country) Maryland

17. INFORMANT J. Olin Taylor (Address) Seaford, Delaware, R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Hurlock, Md. Date Feb. 8, 1940

19. UNDERTAKER J. J. Frampton & Son (Address) Federalsburg, Maryland

20. FILED Feb. 7, 1940 Chas. W. Hollings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1940, to Feb 5, 1940

I last saw her alive on Feb 5, 1940; death is said to have occurred on the date stated above, at 6:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenza	1/28/40
Pleurisy	Feb 2/40
Acute Dilatation of Heart	Feb 5/40

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. B. Allen M. D.

(Address) Seaford Del

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01881

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (33-a)

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Eastern Shore State Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 10 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thomas — If U. S. Veteran, specify WAR

(a) Residence: No. Rock Hall, Kent Co St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 10 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Domestic

10. Date deceased last worked at this occupation (month and year) 9/24/33

11. Total time (years) spent in this occupation 52 yrs.

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town) Kent County (State or country) Maryland

MOTHER

15. MAIDEN NAME Eleanor Clemmens

16. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

17. INFORMANT Hospital Records (Address) State Hospital Cambridge

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Date 2/6, 1940

19. UNDERTAKER Ralph H. Mullikin Inc (Address) Chestertown Md

20. FILED 2-3, 1940 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1938, to Feb 3, 1940

I last saw h-er alive on Feb 3, 1940; death is said to have occurred on the date stated above, at 6.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(a) Cause Pneumonia Edema	Feb 3. '40
(b) Cause Influenza	Jan 29 1940.

Other Contributory Causes of importance: Senile Psychosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Dx Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hamlin M. D.

(Address) State Hospital Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

CERTIFICATE OF DEATH

01882

Reg. Dist. No. 11-6

1. PLACE OF DEATH:
County Dorchester
City or town Golden Hill.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dorchester
City or town Golden Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Margaret Amanda Tyler

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 5-17-1847

8. AGE: Years 92 | Months 8 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Lakeview Md
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name James Tyler
13. Birthplace Md.

MOTHER 14. Maiden name Mat Brown
15. Birthplace ✓

16. Informant Mrs Lee Nedrow
Address Golden Hill Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 2/17/40 (month) (day) (year)
Cemetery or crematory St Johns
Location Golden Hill Md

18. Funeral director W S Lecompte
Address Cambridge Md

19. 2-12 1940 (Date rec'd by registrar) Edna F. Slocum Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at 9:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5 1940, to Feb 6 1940, and that I last saw h— alive on Feb 6 1940.

	DURATION
Immediate cause of death Broncho-pneumonia DK	3 Days
Due to Influenza	10 Days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. H. Tarbox M. D. or other
Address Cambridge Date signed Feb 12, 1940

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BUREAU V. S.

01883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(53)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 111 A Choptank Avenue

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) Many years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 111 A Choptank Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Greenbury Vickers

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Virginia Geoghegan

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 10/26/1853

8. AGE: Years 86 Months 3 Days 14 If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Greenbury Vickers

13. Birthplace Maryland

MOTHER 14. Maiden name Eliza Palmer

15. Birthplace Maryland

16. Informant Albert Vickers

Address Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/13/40 (month) (day) (year)

Cemetery or crematory Green Lawn Cemetery

Location Cambridge, Maryland

18. Funeral director Granville Le Compte

Address Cambridge, Maryland

19. 2-13 1940 John Mace Jr (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1940, at 11:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 28 1939, to Feb. 3 1940, and that I last saw him alive on Feb 3 1940.

Immediate cause of death ~~Cachexia and~~ metastatic squamous cell carcinomas of left cervical lymph glands and cachexia

DURATION Sept. 1939

Due to Squamous cell epithelioma left ear ?

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations Squamous cell carcinoma of left ear with inoperable cervical metastases

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M Faw M.D. M. D. or other

Address Cambridge Md Date signed 2-12-40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING F (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01884

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (185)

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Eastern Shore State Hospital — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Walton Walker — If U. S. Veteran, specify WAR —

(a) Residence: No. — Crisfield — St., — Ward. — No record of any

(Usual place of abode) — If nonresident give city or town and State — Date [illegible]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 18-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	39	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. — Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Crisfield — Md

FATHER

13. NAME Wm H. Walker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nora Wiley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — Place St. Peters - Crisfield — Date 2/13/, 19 40

19. UNDERTAKER (Address) John A Broadhaw — Crisfield Md

20. FILED 2-29, 19 40 — John Meade Jr. — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at 6 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Asthenia - due to refusal to take food. When fed by Tube - would vomit Contents of stomach	
Other Contributory Causes of Importance: Decal Laceration of inner surface of right Foleum - involving vessels -	

Name of operation — Date of —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident — Date of injury Feb 19, 1940

Where did injury occur? in room at hospital

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Hospital

Manner of injury Ran hand through pane

Nature of injury of glass

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Jos. H. Stevens Dep Med Exam. M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

01885

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Carmel Mill Camb. Rt# 3

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: n a

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) in year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town "Cornersville, Cambridge Rt # 3 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lydia Willson (Wilson)

3. (b) Social Security Number none

4. Sex feame

5. Color or race Colored

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Josepha Willson Wilson

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 Months — Days — If less than one day hrs. min.

9. Birthplace Beck neck nd (Town, county, and state)

10. Usual occupation House work

11. Industry or business none

FATHER 12. Name Edward Nickols

13. Birthplace nd

MOTHER 14. Maiden name Julia Wiming

15. Birthplace nd

16. Informant Jullia Willson

Address Carmel Mill nd

17. Beck neck (Burial, cremation, or removal. Which?) Date thereof Feb 4 -1940 (month) (day) (year)

Cemetery or crematory Beck Cemetery

Location Beck neck Camb. Rt #3

18. Funeral director Lewis H Bayman

Address 201 Washington St

19. 2-3 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1, 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4, 1938, to Feb 1 1940, and that I last saw her alive on Jan 23 1940.

Immediate cause of death chronic myocardial degeneration — DURATION 2 yrs

Due to Diabetes — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Schneider M.D. M. D. or other

Address Cambridge Md Date signed Feb 3, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.